U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0183
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official FROM Read THE INSTRUCTIONS CAN	REFULLY BEFORE PREPARING THIS REPORT.			
1. File Number U - 4/1/5	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Michael A Byrd	Name IBEW Local Union 111			
	Labor Organization File Number 024-543			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3260 Shannon Drive	Street 5965 East 39th Avenue			
City Broomfield	City Denver			
State Colorado ZiP Codo + 4 80020	State Colorado ZIP Code + 4 80207			
5. Position in labor organization. Business Manager/Financi	al Secretar			
Enter appropriate data below if, during the past fiscal year, you or yo (except as specified in t	our spouse or minor child directly or indirectly had any of the following interests he exclusions set forth in the instructions): vith, or derived income or other economic benefit of			
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Name of Person Filing Michael Byrd		File Number U-		
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name XCEL ENERGY Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 500 Street 550 15th Street City Denver State Colorado ZIP Code + 4 80202	14.a. Nature of payment. Business Meals			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment	l.	\$850	